



Office of the Secretary of State
Corporations & Charities Division

Mailing Address: Po Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0378 • Web Address: www.sos.wa.gov/corps

☐ Expedited Services \$50

☒ Renewal \$40

☐ Renewal with late fee \$90

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FILED

Secretary of State

State of Washington

Date Filed: 12/06/2018

Effective Date: 12/06/2018

Charity Registration No: 1101191

CHARITABLE ORGANIZATION RENEWAL

All fields required unless otherwise specified **RCW 19.09**

ORGANIZATION INFORMATION

Registration Number: 1101191

Organization Name:

My Choices

Also known as (Names): Obria Medical Clinics PNW, Obria PNW, Obria Pacific Northwest, Obria Medical Clinics Pacific Northwest

Federal EIN/Tax ID Number: (Nine digits) 91-1266330

If different than what is currently on record a new IRS determination letter **MUST** be attached.

Is this charitable organization associated with a WA State Corporation or LLC, including Nonprofit

(Check one) ☒ Yes ☐ No If No, Continue to next question

If Yes, UBI is required UBI Number: 6011-149-379

Is this charitable organization associated with a Foreign Corporation or LLC, including Nonprofit (Outside of WA State)

(Check one) ☐ Yes ☒ No If No, Continue to next section

If Yes, only the Jurisdiction is required below, UBI above is optional.

Jurisdiction: State/Country incorporated in. Org Name must match the name associated to the UBI #

Has the organization's Federal Tax Exempt Status changed : (Check one) ☐ Yes ☒ No

If Yes, IRS Determination letter must be attached. If organization is one of the following: Church/Church Affiliated, Government Entity, or Annual gross receipts under \$5,000, then automatic exemption applies and an IRS Determination letter is not required.

(Check one) ☐ 115(1) ☐ 170(c)(1) ☒ 501(c) ³ ☐ (1-27 if not using fillable form):

☐ **Group Exemption** (if group exempt a copy of the central organization's IRS determination letter and a letter from the central organization confirming its relationship with your organization must be submitted)

☐ Church/Church Affiliated ☐ Government Entity ☐ Annual gross receipts normally \$5,000 or less

PURPOSE/MISSION OF THE ORGANIZATION

Dedicated to serving individuals and families in Western Washington. Our mission is empowering individuals to make Life-affirming choices. Our free and confidential services include: pregnancy testing, free limited diagnostic ultrasound, accurate medical information on options, parenting education classes, emergency supplies of diapers and wipes, mother and infant support maternity clothes, baby clothes, and baby furniture, post-abortion recovery groups, and sexual health education.

ORGANIZATION'S CONTACT INFORMATION

Organization Email: admin@obriapnw.org	Organization Phone Number: 360-452-3300
Organization Website: (optional)	

Is the Street and Mailing Address the same? (Only if mailing address is NOT a PO Box or PMB)
(Check one) ☐ Yes ☒ No

If Yes, and mailing address is in WA state then **County is required** in the street address box.

If no, then please provide at the minimum the City, State and Zip in the street address box. If state is WA then the **County is required**.

Organization Mailing Address:	Organization Street Address:
Country: USA	Country: USA
Address 1: PO Box 39	Address 1: 824 W 8th St
Address 2:	Address 2:
Zip: 98362	Zip: 98362
City: Port Angeles	City: Port Angeles
State: WA	State: WA County: Clallam

Does the organization use any other addresses for Solicitation? (Check one) ☐ Yes ☒ No

If Yes, a list of other address(s) used must be enclosed.

Other addresses include if the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or internet address(s) to conduct solicitations in Washington State.

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ORGANIZATION'S FINANCIAL INFORMATION

Has the organization's accounting year changed? (Check one) ☐ Yes ☒ No

If Yes, the organization will need to submit an Amendment to be filed **before** the renewal. The Amendment will need to include a fiscal short report, showing the organization's financial figures from the short year.

If No, please continue below.

SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

ALL below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific field. **Do Not** enclose a copy of the organization's form 990. Actual gross figures are required; rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization's Accounting Year Beginning Date
01/01/2017

Organization's Accounting Year Ending Date
12/31/2017

Beginning Gross Assets:
(must be same as ending gross assets from previous year)
\$ 304,603

Ending Gross Assets:
\$ 462,873

Revenue: Gross Contributions from Solicitations:
\$ 211,894

Expenses: Gross Expenditures from Program Services:
\$ 303,903

Gross Revenue from all other sources:
\$ 104,447

Total Gross from All Expenditures:
(cannot be less than Expenditures from Program Services)
\$ 344,802

Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below)

\$ 316,341

Solicitation comments:

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ORGANIZATION'S FINANCIAL INFORMATION
CONTINUED FROM PAGE 3

Did the Organization solicit or collect contributions in WA during the accounting year reported?

(Check one) ☒ Yes ☐ No If Yes, indicate the types of solicitations conducted.

(Check all that apply)

- ☒ Advertisement/Coupon Books ☒ Direct Mail ☒ Email ☒ Entertainment/Special Events ☒ Internet
☒ Newspaper/Magazine/Publication ☒ Personal Contact ☐ Product Sale ☐ Telephone ☐ TV/Radio
☐ Vehicle/Boat Donations

Is the Organization registered to fundraise outside of WA? (Check one) ☐ Yes ☒ No

If Yes, please list all states.

THREE, CURRENT OFFICERS/EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Does the organization pay any of its officer(s) or employee(s)? (Check one) ☒ Yes ☐ No

If Yes, this section must be completed.

First Name:	<u>Janice River</u>	Last Name:	<u>Sussman</u>
First Name:	<u>Lisa</u>	Last Name:	<u>Heath</u>
First Name:	<u>Talece</u>	Last Name:	<u>Graham</u>

CURRENT PERSON(S) ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION

☐ Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address. (If checked, only the individual's name and title must be reported)

First Name:	<u>Tyler</u>	Last Name:	<u>Conkle</u>				
Title:	<u>President/Chairman</u>	Phone:	<u>360-681-7383</u>				
Address	<u>82 Heather Circle</u>	City	<u>Port Angeles</u>	State	<u>WA</u>	Zip	<u>98362</u>
First Name:	<u>Janice River</u>	Last Name:	<u>Sussman</u>				
Title:	<u>Executive Director</u>	Phone:	<u>360-452-3300</u>				
Address	<u>1027 E 7th St</u>	City	<u>Port Angeles</u>	State	<u>WA</u>	Zip	<u>98362</u>

Attach an additional sheet if necessary

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ORGANIZATION'S FINANCIAL PREPARER

**PERSON OR ORGANIZATION THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION,
IF ANY, OR PERSON OR ENTITY THAT COMPLETED THE SOLICITATION REPORT**

Please check one: ☒ Organization (section 1) ☐ Individual (section 2)

(Section 1) Organization

Organization Name: Meyer & Company CPA's PS

Representative's First and Last Name: Corey Meyer **Title:** CPA

Address PO Box 1629 **City** Sequim **State** WA **Zip** 98382

(Section 2) Individual

Name: _____ **Title:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

ORGANIZATION'S LEGAL INFORMATION

Has the charitable organization **or** any individual in its registration been subject to any legal action in which a judgment or final order was entered, or action is currently pending? (Check one) ☐ Yes ☒ No If Yes, please complete below and enclose documentation with the registration.

Court (Jurisdiction): _____ **Case Number:** _____

Title of Legal Action: _____ **Date of Legal Action:** _____

COMMERCIAL FUNDRAISERS

Does the Organization use one or more Commercial Fundraisers to solicit contributions in WA?

(Check one) ☐ Yes ☒ No If Yes, please complete the fields below for each contracted and sub-contracted commercial fundraiser. If necessary, attach an additional sheet.

Name of Company: _____ **Fundraiser Registration Number:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone: _____

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FILING CORRESPONDENCE ADDRESS

This address will be sent document(s) regarding this specific filing in addition to the document(s) being sent to the organization's mailing address. (Optional)

Attention to: _____

Email: _____

Address: _____

City _____ State _____ Zip _____

SIGNATURE (Required)

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organization.
- The organization's governing body or committee has reviewed and accepted the financial information provided where applicable.
- The information contained herein is accurate and true to the best of the applicant's knowledge.
- He/she irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and
- Neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X Janice Sussman Janice Sussman/Executive Director 10/10/2018
Signature of Applicant Printed Name / Title Date

Contact phone number 360-452-3300

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- Make checks payable to: Secretary of State
- Please do not enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements
- Send regular mail to: Secretary of State • Charities Program • PO Box 40234 • Olympia, WA 98504
- Send overnight/express mail to: Secretary of State • Charities Program • 801 Capitol Way S • Olympia, WA 98501